

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.  FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	2					
6	1					
7	1					
8	2					
9	2					
10	2					
11	2					
12	0					
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TOTAL IND.	3					
TOTAL DEP.	16	←	←	←	←	←
TOTAL CLAIMS	19	████████	████████	████████	████████	████████

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TOTAL IND.	████████	████████	████████	████████	████████	████████
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS	████████	████████	████████	████████	████████	████████